

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
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50						
TOTAL IND.	1					
TOTAL DEP.	22	→	→	→		
TOTAL CLAIMS	23	22	22	22	22	22

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS	23	22	22	22	22	22